APPLICATION FOR SPECIAL DESIGNATED LICENSE

CITY OF LINCOLN CITY CLERK'S OFFICE 555 S 10TH ST LINCOLN NE 68508 PHONE: (402) 441-7438

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	NE Y	20 2 7
	B 유	ADMINISTRATION OF THE PROPERTY
	<u> </u>	Se leading
	75	3 60
STERS?	YES 7	NO
	- Singe	

	DO YOU NEED POSTERS?	YES 🗸	NO
RETAIL LICENSE HOLDER ✓		-4	
NON PROFIT APPLICANT Non Profit Status (check one that b	est applies):		

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

COMPL	ETE	ALL	QUESTIONS	

- 1. Beer ✓ Wine ✓ Distilled Spirits ✓
- Liquor license number and class (i.e. C55441, CK55441)
 (If you're a nonprofit organization leave blank)

CK086816

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)

NAME:	Omaha Exposition & Racing Inc.		
ADDRESS:	6303 "Q" Street		
CITY:	Omaha	ZIP:	68117

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME:	Lincoln Race Course				
ADDRESS:	7055 S 1st Street	CITY:	Lincoln		
ZIP:	68512	COUNTY & COUNTY #:	Lancaster		

a.	Is this location within the city/village limits?	YES√

- b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?
- c. Is this location within 300' of any university or college campus

NO

5.	Date(s) and	d Time(s) of event	(no more than s	ix (6) consecutive	days on one appl	lication)
Date		Date	Date	Date	Date	Date
5/1/14	<u> </u>	5/2/14	5/3/14	5/4/14		
		Hours				
Hours		From	Hours	Hours	Hours	Hours
From 9am		9am	From 9am	From 9am	From	From
То		To Midnight				
Midnight		Wildingth	TO Midnight	T _O Midnight	То	То
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		The state of the s	Midnight		
		rnate date:				
		rnate location:	antion much be	specified in local	N	
6. [		oe of activity to be		g event: ☐Be	er Garden	_Sampling/Tasting
7.	Description of area to be licensed Inside building, dimensions of area to be covered IN FEET					
				copy of sketch) (s		
			See attack	ned Drawin	4	
	If outdoor a	urea, how will pren cesnow f		d? ain link	]cattle panel —	√tent
8.	How many	attendees do you	expect at event?	250		
9.	alcohol bev	erages. (Attach s	eparate sheet if r	needed)		ersons from obtaining
	establishing age 2	21 or over. No one without a	wristband will be able to p	ourchase alcoholic beverages	. Security personnel will be p	rovided by Lincoln Race Course.
10.		es to be covered there separate to		y with all Nebraska n and women?		YES NO

	Non-Profit: Where will you be purchasing your alcohol?  Wholesaler Retailer Both BYO (includes wineries)
12.	Will there be any games of chance operating during the event? YES ✓ NO If so, describe activity: Pari-Mutuel wagering, pickle cards, Keno
	<b>NOTE:</b> Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.
13.	Any other information or requests for exemptions ( <b>must</b> be received by Commission 30 days prior to event, complete NLCC form 140):
14.	Name and <b>telephone number/cell phone number</b> of immediate <b>supervisor</b> . This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. <b>PLEASE PRINT LEGIBLY</b>
	Print name of Event Supervisor: Christy Harris
	Signature of Event Supervisor:
	Event Supervisor phone: Before 402-708-6900 During 402-708-6900
	Email address: charris@lincolnracing.com
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be
	supervised by persons directly responsible to the holder of this Special Designated License.
sign here	Authorized Representative/Applicant  General Manager Title  Date
	Christy Harris
	Print Name
This inc	lividual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

## SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	Derby Weekend Ever	nt				
Applicant and Spo	onsoring Organization or	Individual (i	f applicab	le):		
Date(s) of Event	Event: 5/1/14 through 5/4/14 Hour		Hours:	9am to Midnig	ght	
Alternate Date(s)			Hours:			
Is the event open to		Yes [	□No			
Course personnel	that minors will not be sholic beverages will be did with the beautiful Rece covers?	pie to pove	chase a	cation establic	shing age 2 ges , sewri	ty personnel
		ivo ii ye:	s, piease	list food to be se	rveume same	s rood iterris
that will be served inside the	тасшту.					
If yes, please list no  Who will serve the b	everages be served: on-alcoholic beverages to everages containing alcoholic server/Seller Appli	ohol? Author	ized servers a			
Have the designate	d servers received respo	nsible bever	age serve	er training?	✓Yes	□No
Will there be a char	ge for admission?	Yes	<b>√</b>	No		
In the last 12 month you were the specia	s, have you received not I designated licensee?	tice of a liquo	or law viol		ed during an e olain:	
Applicant's Signatur	e			A/4 Date	114	

will

#### SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

Number of Entry & Exit Points & Dimensions: (10' tall 'x 15' wide ') 2 - Entry/Exit points
Size & location of tent(s) (heights, width, depth) 40' x 75' x 10' high 1.

2.

3. Size of area being used (40' x 75'

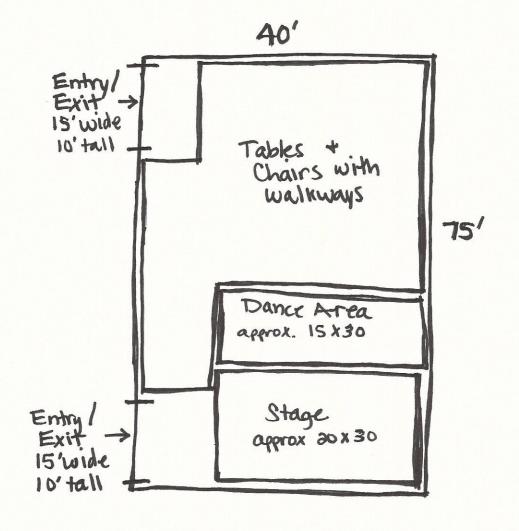
4. Location & type of cooking equipment (if used) None in text

5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing. See below

Height & type of fencing to be used. Snow fence that is 3' high.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

- Edge of Building that is all from edge of tent



#### SERVER/SELLER APPLICANT INFORMATION SHEET

You must provide the NAME and DATE OF BIRTH of ALL Employees/Volunteers who will sell or dispense alcoholic beverages at your event.

This applies to nonprofit corporations as well.

NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
Anthony Kreiter	1-06-77	402-805-2560	No
Christing Cordwa	12-30-68	402-805-2560	No
Amanda Giddens	1-29-85	402-805-2560	No
Derek Small	1-17-85	402-805-2560	No
Cassie Whitemore	10-06-88	402-805-2560	No
Jessica Mobride	5-11-87	402-805-2560	No
liz luff	5-29-79	402-805-2560	No
Latisha Slarks	94-89	402-805-2560	No
SUSAN DAVIS	3/15/54	402-805-2560	No
Amy Porter	12/23/80	402-805-2560	No
Julie Quattrocchi	9/5/63	402-805-2560	No
Billie Henry	7/7/79	402-805-2560	No
Kim Kirchoff	4/12/80	402-805-2560	No
Leisa Maas	6/1/60	402-805-2560	No
Steve maddelt	10/14/00	402-805-2560	No
SKyler Priester	3/30/92	402-805-2560	No
Alex Davis	12/9/93	402-805-2560	No
Jeremy Hicks	9/12/93	402-805-2560	No
Holly Decker	7/4/89	402-805-2560	No
Jamie Morton	8/15/8	402-805-2560	No
Grace MacIsen	11/7/93	402-805-2560	No
Chelcie mora	11/14/89	402-805-2560	No
Kelsey Melson	9/21/89	402-805-2560	No
Holi Gillette	7/26/82	402-805-2560	No
Mariah Ostermann	5/26/92	402-805-2560	No

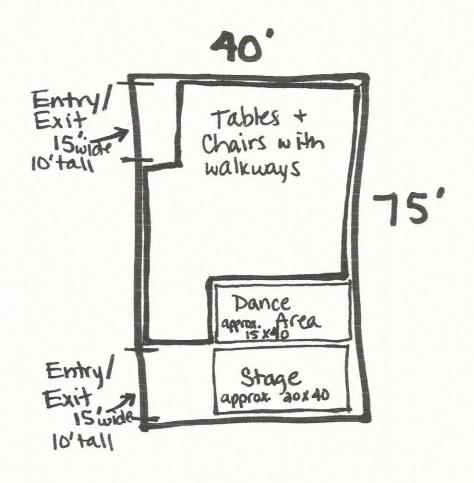
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NAME	DATE OF BIRTH	PHONE # DURING EVENT	EMPLOYEE OF WHOLESALE DISTRIBUTOR YES OR NO
Kelser Ayde	4/20/92	402-805-2560	No
Brennan Ruth	2/5/87	402-805-2560	No
Carrie Addleman	12/24/77	402-805-2560	No
Kathy Kinner	3/8/55	402-805-2560	No
Courtney Quattonahi	9/12/90	402-805-2560	No
Terry Craven	12/3/1/10	402-805-2560	No
Diondra Burton-King	12/29/91	402-805-2560	No
Kaitlyn Binkly	9/7/92	402-805-2560	No
Rachel Johnson	10/24/92	402-805-2560	No
mochel Darista	9/17/88	402-805-2560	No
Juan Nava	9/23/93	402-805-2560	No
Kelly Coiner	3/20/102	402-805-2560	No
Every Carlson	12/13/91	402-805-2560	No
Kevik Connide	3/19/65	402-805-2560	No
Kevin Snook	7/13/57	402-805-2560	No
Ashley Arrendo	9/29/94	402-805-2560	No
Cateb Hagen bonner	4/2/93	402-805-2560	No
Kathy Smith	4/18/57	402-805-2560	No
Ally Smith	11/26/88	402-805-2560	No
,		402-805-2560	No
		402-805-2560	No

# Edge of existing Building Tent located 21' from edge of Building



Note: Snow fence to be used around tent that is 3'high.

Fire extinguisher shall be provided.